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8 UNITED STATES DISTRICT COURT
9 CENTRAL DISTRICT OF CALIFORNIA
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11 ROBERT ANTHONY MUGICA,
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13 Plaintiff,
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15 v.
16 NANCY A. BERRYHILL, Acting
17 Commissioner of Social Security,
18 Defendant.
19

Case No. 8:17-cv-00185-SHK

OPINION AND ORDER

19 Plaintiff Robert Anthony Mugica (“Plaintiff”) seeks judicial review of the
20 final decision of the Commissioner of the Social Security Administration
21 (“Commissioner” or the “Agency”) denying his application for disability
22 insurance benefits (“DIB”), under Title II of the Social Security Act (the “Act”),
23 and supplemental security income (“SSI”) under Title XVI of the Act. This Court
24 has jurisdiction, under 42 U.S.C. §§ 405(g) and 1383(c)(3), and, pursuant to 28
25 U.S.C. § 636(c), the parties have consented to the jurisdiction of the undersigned
26 United States Magistrate Judge. Because the Commissioner’s decision is based on
27 proper legal standards and is supported by substantial evidence, the
28 Commissioner’s decision is AFFIRMED and the case is DISMISSED.

I. BACKGROUND

Plaintiff applied for DIB on August 13, 2014, and SSI on August 15, 2014, alleging disability beginning on February 6, 2014. Transcript (“Tr.”) 277-87.¹ Following a denial of benefits, Plaintiff requested a hearing before an administrative law judge (“ALJ”) and, on September 27, 2016, an ALJ determined Plaintiff was not disabled. Tr. 20-29. Plaintiff sought review by the Appeals Council, however, review was denied, on December 7, 2016. Tr. 1-6. This appeal followed.

II. STANDARD OF REVIEW

The reviewing court shall affirm the Commissioner’s decision if the decision is based on correct legal standards and the legal findings are supported by substantial evidence in the record. 42 U.S.C. § 405(g); Batson v. Comm’r Soc. Sec. Admin., 359 F.3d 1190, 1193 (9th Cir. 2004). Substantial evidence is “more than a mere scintilla. It means such relevant evidence as a reasonable mind might accept as adequate to support a conclusion.” Richardson v. Perales, 402 U.S. 389, 401 (1971) (citation and internal quotation omitted). In reviewing the Commissioner’s alleged errors, this Court must weigh “both the evidence that supports and detracts from the [Commissioner’s] conclusions.” Martinez v. Heckler, 807 F.2d 771, 772 (9th Cir. 1986).

“‘When evidence reasonably supports either confirming or reversing the ALJ’s decision, [the Court] may not substitute [its] judgment for that of the ALJ.’” Ghanim v. Colvin, 763 F.3d 1154, 1163 (9th Cir. 2014) (quoting Batson, 359 F.3d at 1196)); Thomas v. Barnhart, 278 F.3d 947, 959 (9th Cir. 2002) (“If the ALJ’s credibility finding is supported by substantial evidence in the record, [the Court] may not engage in second-guessing.” (internal citation omitted)). A reviewing court, however, “cannot affirm the decision of an agency on a ground that the

¹ A certified copy of the Administrative Record was filed on July 10, 2017. Electronic Case Filing Number (“ECF No.”) 19. Citations will be made to the Administrative Record or Transcript page number rather than to the ECF page number.

1 agency did not invoke in making its decision.” Stout v. Comm’r Soc. Sec. Admin.,
2 454 F.3d 1050, 1054 (9th Cir. 2006) (citation omitted). Finally, a court may not
3 reverse an ALJ’s decision if the error is harmless. Burch v. Barnhart, 400 F.3d 676,
4 679 (9th Cir. 2005) (citation omitted). “[T]he burden of showing that an error is
5 harmful normally falls upon the party attacking the agency’s determination.”
6 Shinseki v. Sanders, 556 U.S. 396, 409 (2009).

7 III. DISCUSSION

8 A. Establishing Disability Under The Act

9 To establish whether a claimant is disabled under the Act, it must be shown
10 that:

11 (a) the claimant suffers from a medically determinable physical or
12 mental impairment that can be expected to result in death or that has
13 lasted or can be expected to last for a continuous period of not less than
14 twelve months; and

15 (b) the impairment renders the claimant incapable of performing the
16 work that the claimant previously performed and incapable of
17 performing any other substantial gainful employment that exists in the
18 national economy.

19 Tackett v. Apfel, 180 F.3d 1094, 1098 (9th Cir. 1999) (citing 42 U.S.C.
20 § 423(d)(2)(A)). “If a claimant meets both requirements, he or she is ‘disabled.’”
21 Id.

22 The ALJ employs a five-step sequential evaluation process to determine
23 whether a claimant is disabled within the meaning of the Act. Bowen v. Yuckert,
24 482 U.S. 137, 140 (1987); 20 C.F.R. § 404.1520. Each step is potentially dispositive
25 and “if a claimant is found to be ‘disabled’ or ‘not-disabled’ at any step in the
26 sequence, there is no need to consider subsequent steps.” Tackett, 180 F.3d at
27 1098; 20 C.F.R. § 404.1520. The claimant carries the burden of proof at steps one
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1 through four, and the Commissioner carries the burden of proof at step five.
2 Tackett, 180 F.3d at 1098.

3 The five steps are:

4 Step 1. Is the claimant presently working in a substantially gainful
5 activity [(“SGA”)]? If so, then the claimant is “not disabled” within
6 the meaning of the [] Act and is not entitled to [DIB]. If the claimant is
7 not working in a [SGA], then the claimant’s case cannot be resolved at
8 step one and the evaluation proceeds to step two. See 20 C.F.R.
9 § 404.1520(b).

10 Step 2. Is the claimant’s impairment severe? If not, then the
11 claimant is “not disabled” and is not entitled to [DIB]. If the claimant’s
12 impairment is severe, then the claimant’s case cannot be resolved at
13 step two and the evaluation proceeds to step three. See 20 C.F.R.
14 § 404.1520(c).

15 Step 3. Does the impairment “meet or equal” one of a list of
16 specific impairments described in the regulations? If so, the claimant is
17 “disabled” and therefore entitled to [DIB]. If the claimant’s
18 impairment neither meets nor equals one of the impairments listed in
19 the regulations, then the claimant’s case cannot be resolved at step
20 three and the evaluation proceeds to step four. See 20 C.F.R.
21 § 404.1520(d).

22 Step 4. Is the claimant able to do any work that he or she has
23 done in the past? If so, then the claimant is “not disabled” and is not
24 entitled to [DIB or SSI]. If the claimant cannot do any work he or she
25 did in the past, then the claimant’s case cannot be resolved at step four
26 and the evaluation proceeds to the fifth and final step. See 20 C.F.R.
27 § 404.1520(e).
28

1 Step 5. Is the claimant able to do any other work? If not, then
2 the claimant is “disabled” and therefore entitled to [DIB]. See 20
3 C.F.R. § 404.1520(f)(1). If the claimant is able to do other work, then
4 the Commissioner must establish that there are a significant number of
5 jobs in the national economy that claimant can do. There are two ways
6 for the Commissioner to meet the burden of showing that there is other
7 work in “significant numbers” in the national economy that claimant
8 can do: (1) by the testimony of a vocational expert [(“VE”)], or (2) by
9 reference to the Medical-Vocational Guidelines at 20 C.F.R. pt. 404,
10 subpt. P, app. 2 [(“the Listings”)]. If the Commissioner meets this
11 burden, the claimant is “not disabled” and therefore not entitled to
12 [DIB or SSI]. See 20 C.F.R. §§ 404.1520(f), 404.1562. If the
13 Commissioner cannot meet this burden, then the claimant is
14 “disabled” and therefore entitled to [DIB or SSI]. See id.
15 Id. at 1098-99.

16 **B. Summary Of The ALJ’s Findings**

17 The ALJ determined that “[Plaintiff] meets the insured status requirements
18 of the . . . Act through September 30, 2015.” Tr. 22. The ALJ then found at step
19 one, that “[Plaintiff] has not engaged in [SGA] since February 6, 2014, the alleged
20 onset date (20 C.F.R. 404.1517 et seq., and 416.920(c)).” Id.

21 At step two, the ALJ found that “[Plaintiff] has the following severe
22 impairments: history of traumatic brain injury in 2008, bilateral carpal tunnel
23 syndrome status-post release procedures in 2008 and 2009, mood disorder, and
24 generalized anxiety disorder (20 CFR 404.1520(c) and 416.920(c)).” Id. The ALJ
25 found, however, that Plaintiff’s obesity and hypertension were not severe
26 impairments. Id.

27 At step three, the ALJ found that “[Plaintiff] does not have an impairment or
28 combination of impairments that meets or medically equals the severity of one of

1 the listed impairments in [the Listings].” Tr. 23. In so finding, the ALJ specifically
2 assessed that “[t]he severity of [Plaintiff’s] mental impairments, considered singly
3 and in combination, do not meet or medically equal the criteria of listings 12.02,
4 12.04, and 12.06[,]” because the “paragraph B” criteria are not satisfied. Id. The
5 ALJ noted that “[t]o satisfy the ‘paragraph B’ criteria, the mental impairments
6 must result in at least two of the following: marked restriction of activities of daily
7 living [(“ADLs”)]; marked difficulties in maintaining social functioning; marked
8 difficulties in maintaining concentration, persistence, or pace; or repeated episodes
9 of decompensation, each of extended duration.” Id. The ALJ found that the
10 paragraph B criteria were not satisfied here because Plaintiff had only “mild”
11 restrictions in his ADLs; and “moderate” restrictions in his social functioning and
12 in his concentration, persistence, and pace; and “the claimant has experienced no
13 episodes of decompensation, which have been of extended duration.” Id.

14 In preparation for step four, the ALJ found that Plaintiff has the residual
15 functional capacity (“RFC”) to “perform a range of medium work” and that
16 Plaintiff can specifically “lift and/or carry up to 50 pounds occasionally and 25
17 pounds frequently; . . . stand and/or walk for a total of six hours[;] and sit for a total
18 of six hours, in an eight-hour workday with normal breaks.” Tr. 24. The ALJ also
19 found that Plaintiff “can perform frequent postural activities; can perform frequent
20 handling and fingering bilaterally; and should avoid concentrated exposure to
21 hazards.” Id. Finally, the ALJ found that Plaintiff is “limited to work involving
22 simple repetitive tasks and should have no more than occasional contact with
23 coworkers and the public.” Id.

24 At step four, the ALJ found that “[Plaintiff] is unable to perform any past
25 relevant work (20 CFR 404.1565 and 416.965).” Tr. 27.

26 At step five, the ALJ found that “[c]onsidering [Plaintiff’s] age, education,
27 work experience, and [RFC], there are jobs that exist in significant numbers in the
28 national economy that [Plaintiff] can perform.” Tr. 28. The ALJ, therefore,

1 concluded that “[Plaintiff] has not been under a disability, as defined in the . . . Act,
2 from February 6, 2014[,] through [September 27, 2016,] the date of th[e] decision
3 (20 CFR 404.1520(g) and 416.920(g)).” Tr. 29.

4 **C. Plaintiff Challenges The ALJ’s Analysis Of Dr. Flores’ Opinion.**

5 In this appeal, Plaintiff raises only one issue: whether the ALJ erred by
6 discounting the opinion of Plaintiff’s treating psychologist, Nelson Flores, Ph.D.
7 ECF No. 23, Joint Stipulation at 4-5. Plaintiff specifically argues that the ALJ
8 committed reversible error by discounting Dr. Flores’s opinion because: (1) the
9 ALJ improperly “relied on the opinions of Dr. Malancharuvil, the non-examining
10 doctor at the hearing, over the opinions of Dr. Flores, the treating doctor”; (2)
11 “the ALJ’s articulated reasons for rejecting Dr. Flores’ opinions lack merit because
12 they only focus on the marked limitations in the three categories of daily living,
13 social functioning, and concentration, persistence, and pace . . . [and] fail to address
14 the other limitations that Dr. Flores assessed”; and (3) “[e]ven if the reasons that
15 the ALJ articulated could be applied against the entirety of Dr. Flores’ opinions,
16 each of the ALJ’s articulated reasons still lack merit.” *Id.* at 5-12.

17 **1. ALJ’s Analysis Of The Medical Evidence Relating to**
18 **Plaintiff’s Mental Impairments**

19 **a. Charlene Krieg, Ph.D.**

20 The ALJ assessed the opinion of Plaintiff’s examining clinical psychologist,
21 Charlene Krieg, Ph.D. The ALJ noted that “[Plaintiff] underwent psychological
22 evaluation by Dr. Krieg on October 1, 2014[,]” and “[b]ased on her interview,
23 examination and testing, Dr. Krieg opined that [Plaintiff] was functioning such that
24 he would have no limitation on the ability to perform even complex work tasks on a
25 sustained basis.” Tr. 25 (citing Tr. 518-24). The ALJ gave Dr. Krieg’s opinion
26 “[l]ittle weight” because “the evidence supports a finding of greater restriction.”
27 Tr. 26.
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1 **b. Nelson Flores, Ph.D.**

2 The ALJ also assessed the examination findings and opinion of Plaintiff's
3 treating psychologist, Dr. Flores, and his psychology and testing reports of August
4 13, 2014. Tr. 25. In those reports, the ALJ noted that Dr. Flores reported "testing
5 results indicative of moderate anxiety and depression, with no neuropsychological
6 disturbance." Tr. 25 (citing Tr. 1121, 1136). The ALJ also observed Dr. Flores'
7 treatment notes from March 5, 2015, "indicat[ing] that [Plaintiff's] emotional
8 condition had improved with treatment." Tr. 25 (citing Tr. 1175).

9 The ALJ then contrasted Dr. Flores' aforementioned examination findings
10 from August 2014 and March 2015, with Dr. Flores' opinion from a mental
11 impairment questionnaire Dr. Flores completed on August 26, 2015. Tr. 25. The
12 ALJ noted that in the August 2015 questionnaire, Dr. Flores opined that
13 "[Plaintiff's] major depressive disorder would result in significant functional
14 limitations such that [Plaintiff] would be unable to meet competitive standards in
15 most areas of mental functioning, especially with regard to concentration,
16 persistence and pace (though he noted that [Plaintiff] did not have a low IQ or
17 reduced functioning)." *Id.* (citing Tr. 1174-76). The ALJ also noted that Dr.
18 Flores concluded the questionnaire by opining that "[Plaintiff] would experience
19 marked restrictions in all the 'paragraph B' functional areas." Tr. 25 (citing Tr.
20 1174-76).

21 The ALJ gave "[l]ess weight" to the limitations Dr. Flores endorsed in the
22 August 2015 questionnaire, because, the ALJ reasoned, "Dr. Flores' conclusions
23 that [Plaintiff] would have marked limitations with regard to [ADLs], social
24 functioning, and concentration are not consistent with the clinical evidence as a
25 whole." Tr. 26. The ALJ explained that, contrary to Dr. Flores' opinion he
26 expressed in the questionnaire, "[Plaintiff's] mental status examinations have
27 shown no significant deficits in memory or attention, [Plaintiff] has reported no
28 significant problems with interpersonal relationships, and [Plaintiff] has

1 demonstrated a degree of functional ability over the course of the period at issue
2 that is not reflective of marked limitations.” Id.

3 **c. Haleh Safavi, M.D.**

4 In the ALJ’s analysis of Dr. Safavi’s November 14, 2014, report, the ALJ
5 noted that Plaintiff visited with Dr. Safavi to undergo an internal medicine
6 evaluation. Tr. 25. At that time, Plaintiff’s “chief complaints” were “carpal
7 tunnel syndrome (status-post release procedures in 2008 and 2009) and
8 generalized body aches (for which he was receiving pain management services).”
9 Id. The ALJ noted that as a result of the exam, Plaintiff “demonstrated normal gait
10 and maneuvering ability, with full strength and range of motion in all areas.” Id.
11 As a result of this examination in November 2014, “Dr. Safavi concluded that the
12 claimant would be capable of performing a range of work at the medium exertional
13 level involving frequent postural maneuvers and with no manipulative
14 restrictions.” Id. The ALJ gave “great weight to” Dr. Safavi’s opinion. Tr. 26.

15 **d. Joseph Malancharuvil, Ph.D.**

16 The ALJ assessed the opinion of psychological expert Dr. Malancharuvil,
17 who reviewed Plaintiff’s medical records and provided testimony and opinions
18 regarding Plaintiff’s mental impairments at the administrative hearing, on June 9,
19 2016. Id. at 26, 54. The ALJ observed that Dr. Malancharuvil opined that Plaintiff
20 had “mild restrictions in [ADLs], mild-to-moderate difficulties with social
21 functioning, and mild-to-moderate limitations with regard to concentration,
22 persistence, and pace.” Id. The ALJ assigned Dr. Malancharuvil’s opinion
23 “substantial weight” because he: (1) had reviewed all the medical evidence in the
24 record; (2) had the opportunity to question Plaintiff about his impairments and had
25 heard Plaintiff’s testimony about his impairments at the administrative hearing; (3)
26 understands Social Security disability programs and requirements; and (4)
27 expressed opinions that “[we]re reasonable and consistent with the objective
28 medical evidence.” Id.

1 **e. State Agency And Other Sources**

2 Finally, the ALJ gave “some weight” to the opinions of the State agency
3 reviewing psychological sources from the initial and reconsideration levels because,
4 the ALJ explained, the “assessments were supported by substantial evidence as of
5 the dates of those determinations[,]” and “[we]re not clearly inconsistent with any
6 objective evidence received at the hearing level.” Id. (citing Tr. 93-109, 129-45).
7 The ALJ also noted the “[p]ain management progress notes from 2015” that
8 “reflect no significant functional limitations despite [Plaintiff’s] discomfort” and
9 there was “effective mitigation of his symptoms with medication, and in August
10 through October 2015 [Plaintiff] reported that his pain had been well managed.”
11 Tr. 25 (citing Tr. 1245, 1247, 1249, 1252-63).

12 **D. Standard To Review ALJ’s Analysis Of Dr. Flores’ Opinion**

13 There are three types of medical opinions in Social Security cases: those
14 from treating physicians, examining physicians, and non-examining physicians.
15 Valentine v. Comm’r Soc. Sec. Admin., 574 F.3d 685, 692 (9th Cir. 2009) (citing
16 Lester v. Chater, 81 F.3d 821, 830 (9th Cir. 1995)). “The medical opinion of a
17 claimant’s treating physician is given ‘controlling weight’ so long as it ‘is well-
18 supported by medically acceptable clinical and laboratory diagnostic techniques and
19 is not inconsistent with the other substantial evidence in [the claimant’s] case
20 record.’” Trevizo v. Berryhill, 871 F.3d 664, 675 (9th Cir. 2017) (quoting 20
21 C.F.R. § 404.1527(c)(2)). “When a treating physician’s opinion is not controlling,
22 it is weighted according to factors such as the length of the treatment relationship
23 and the frequency of examination, the nature and extent of the treatment
24 relationship, supportability, consistency with the record, and specialization of the
25 physician.” Id. (citing 20 C.F.R. § 404.1527(c)(2)-(6)).

26 “‘To reject [the] uncontradicted opinion of a treating or examining doctor,
27 an ALJ must state clear and convincing reasons that are supported by substantial
28 evidence.’” Id. (quoting Ryan v. Comm’r Soc. Sec. Admin., 528 F.3d 1194, 1198

1 (9th Cir. 2008)). “This is not an easy requirement to meet: ‘the clear and
2 convincing standard is the most demanding required in Social Security cases.’”
3 Garrison v. Colvin, 759 F.3d 995, 1015 (9th Cir. 2014) (quoting Moore v. Comm’r
4 Soc. Sec. Admin., 278 F.3d 920, 924 (9th Cir. 2002)).

5 “‘If a treating or examining doctor’s opinion is contradicted by another
6 doctor’s opinion, an ALJ may only reject it by providing specific and legitimate
7 reasons that are supported by substantial evidence.’” Trevizo, 871 F.3d at 675
8 (quoting Ryan, 528 F.3d at 1198). “This is so because, even when contradicted, a
9 treating or examining physician’s opinion is still owed deference and will often be
10 ‘entitled to the greatest weight . . . even if it does not meet the test for controlling
11 weight.’” Garrison, 759 F.3d at 1012 (quoting Orn v. Astrue, 495 F.3d 625, 633
12 (9th Cir. 2007)). “‘The ALJ can meet this burden by setting out a detailed and
13 thorough summary of the facts and conflicting clinical evidence, stating his
14 interpretation thereof, and making findings.’” Trevizo, 871 F.3d at 675 (quoting
15 Magallanes v. Bowen, 881 F.2d 747, 751 (9th Cir. 1989)).

16 Finally, an ALJ may accord great weight to a later opinion because it allows
17 the examiner to provide a “more complete evaluation of the combined impact” of
18 all of a person’s impairments. Lester, 831 F.3d at 833 (citing Sprague v. Bowen,
19 831 F.2d 1226, 1231 (9th Cir. 1987)).

20 **E. Substantial Evidence Supports The ALJ’s Conclusion.**

21 Contrary to Plaintiff’s argument that the ALJ did not address the various
22 bases under which Plaintiff could be found to be disabled, the ALJ addressed each
23 one of the criteria necessary to determine whether Plaintiff could qualify under the
24 criteria of listings 12.02, 12.04, 12.06, and “paragraph B.” Tr. 22. In doing so, and
25 based on the analysis provided by the ALJ, as well as an independent review of the
26 entire record by this Court, this Court cannot conclude that there was not
27 substantial evidence to support the ALJ’s findings and conclusions.
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1 The ALJ gave less weight to the limitations Dr. Flores endorsed in the
2 August 2015 questionnaire because those limitations were inconsistent with the
3 other medical evidence in the record. In support of this conclusion, the ALJ
4 pointed to specific examples of medical opinions, treatment records, and
5 examination findings that were contradictory to Dr. Flores' opinion. Specifically,
6 the ALJ cited to the opinions of Drs. Krieg and Malancharuvil and the other
7 information in the medical record. Tr. 26. Accordingly, because the ALJ pointed
8 to specific examples of Dr. Flores' opinion being contradicted by the opinions of
9 other acceptable medical sources, the Court must determine whether the ALJ
10 provided "specific and legitimate reasons that [were] supported by substantial
11 evidence," Trevizo, 871 F.3d at 675, for discounting Dr. Flores' contradicted
12 opinion. The Court finds that the ALJ satisfied this burden here.

13 The ALJ supported his conclusion that Dr. Flores' opinion was due less
14 weight, by summarizing the conflicting medical evidence and stating his
15 interpretations and conclusions about that evidence. Tr. 24-26. For example, the
16 ALJ identified information in various reports by Dr. Flores that appear to be
17 inconsistent with later opinions such that the ALJ could conclude that Dr. Flores's
18 August 2015 conclusions were less reliable. Tr. 24-26. Specifically, the ALJ noted
19 that the objective test results from Dr. Flores' August 2014 report indicated only
20 moderate anxiety and depression symptoms and no neuropsychological
21 disturbance. Tr. 24-25. A review of this report supports this conclusion, where
22 Dr. Flores indicated that the test results were "indicative of moderate symptoms of
23 anxiety," Tr. 1136; "moderate symptoms associated with depression," Tr. 1137;
24 and "there is no indication that the patient may be experiencing neuropsychological
25 disturbances." Tr. 1139.

26 The ALJ also cited to Dr. Flores' treatment notes from March 2015, which
27 stated that Plaintiff's emotional condition had improved with treatment. Tr. 25,
28 1175. Finally, the ALJ observed Dr. Flores' opinion from August 2015, that

1 Plaintiff's major depressive disorder would result in significant functional
2 limitations and that Plaintiff had marked limitations in all functional areas.

3 In addition to observing the inconsistencies between Dr. Flores' longitudinal
4 treatment records of Plaintiff and the limitations he ultimately endorsed, the ALJ
5 also observed the inconsistencies between the marked limitations Dr. Flores
6 endorsed in August 2015, and the less restrictive limitations endorsed by every
7 other doctor in the record. For example, The ALJ noted that after examining
8 Plaintiff in October 2014, Dr. Krieg opined that Plaintiff had no limitation in his
9 ability to perform even complex work tasks on a sustained basis. The ALJ also
10 observed Dr. Malancharuvil's opinion that Plaintiff had only mild and moderate
11 functional limitations as a result of his mental impairments. The ALJ found this
12 opinion particularly persuasive because Dr. Malancharuvil had the benefit of
13 reviewing the entire record and hearing Plaintiff testify about his impairments.
14 This was appropriate for the ALJ to do in assigning different weight to various
15 opinions. See Lester v. Chater, 81 F.3d 821, 833 (9th Cir. 1995), as amended (Apr.
16 9, 1996) (holding a later opinion "based on a more complete evaluation" of
17 plaintiff's impairments should be accorded greater weight). Finally, the ALJ
18 observed that the State agency reviewing psychological sources endorsed fewer
19 restrictions than Dr. Flores endorsed in the August 2015 questionnaire.

20 Because the ALJ set out a detailed and thorough summary of the conflicting
21 evidence from multiple medical sources and stated his interpretations and findings
22 about that evidence, and because the ALJ's conclusion was consistent with that
23 evidence, under the controlling standard of review, the Court cannot agree with
24 Plaintiff's arguments that the ALJ erred in his analysis of Dr. Flores' opinion.
25 Trevizo, 871 F.3d at 675; see also, Morgan v. Comm'r Soc. Sec. Admin., 169 F.3d
26 595, 600 (9th Cir. 1999) ("Opinions of a nonexamining, testifying medical advisor
27 may serve as substantial evidence when they are supported by other evidence in the
28 record and are consistent with it." (citation omitted)).

1 In sum, though the Court is sympathetic to Plaintiff's condition and
2 although Plaintiff disagrees with the ALJ's interpretation of this evidence, the
3 Court does not second-guess the ALJ's conclusion, or substitute its judgment for
4 that of the ALJ here because the ALJ's decision is reasonably supported by the
5 evidence. Ghanim, 763 F.3d at 1163; Batson, 359 F.3d at 1196; Thomas, 278 F.3d at
6 959.


7 Accordingly, because the Court finds no error in the ALJ's analysis of Dr.
8 Flores' opinion, the Court similarly finds no error in the Commissioner's
9 conclusion that Plaintiff has not been under a disability, as defined in the Act,
10 during the relevant time period.

11 IV. CONCLUSION

12 Because the Commissioner's decision is based on proper legal standards and
13 is supported by substantial evidence, the Commissioner's final decision is
14 **AFFIRMED** and this case is **DISMISSED**.

15 IT IS SO ORDERED.

16 DATED: 5/31/2018



17 HONORABLE SHASHI H. KEWALRAMANI
18 United States Magistrate Judge
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